


1-28-02

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EXPRESS MAIL LABEL NO. EL835840183US

PTO/SB/05 (03-01)

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Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No.	022719-0025
	First Inventor	Meir Rosenberg
	Title	INHERENT ANTI-SIPHON DEVICE
	Express Mail Label No.	EL835840183US

J1000 U.S. PTO 10/056285



APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Box Patent Application Commissioner for Patents Washington, DC 20231	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing) See 37 CFR 1.27.	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (If applicable, all necessary)	
2. <input type="checkbox"/> Applicant claims small entity status	8. <input type="checkbox"/> Computer Readable Form (CRF)		
3. <input checked="" type="checkbox"/> Specification [Total Pages 21] (preferred arrangement set forth below) - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) 1-23 (2 Independent) - Abstract of the Disclosure	b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper	c. <input type="checkbox"/> Statements verifying identity of above copies	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 4]	ACCOMPANYING APPLICATIONS PARTS		
5. Combined Oath or Declaration / Power of Attorney [Total Pages 4] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)	9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))	10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney	
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	11. <input type="checkbox"/> English Translation Document (if applicable)	12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
	13. <input type="checkbox"/> Preliminary Amendment	14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
	15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.	
	17. <input checked="" type="checkbox"/> Other. NMF Check for \$794 Chk. # 19906 NMF Check for \$ 40 Chk. # 19900		

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.:

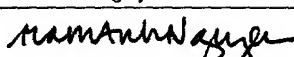
Prior application information: Examiner _____ Group / Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only. The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label 021125 or ☐ Correspondence address below

Name	NUTTER MCCLENNEN & FISH LLP Tram Anh T. Nguyen		
Address	One International Place		
City	Boston	State	MA
Country	US	Zip Code	02110-2699
Telephone	(617) 439-2734	Fax	(617) 310-9734

Name (Print/Type)	Tram Anh T. Nguyen	Registration No. (Attorney/Agent)	47,257
Signature		Date	1/24/2002

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PTO/SB/17 (11-01)

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FEE TRANSMITTAL for FY 2002		Complete if Known	
Patent fees are subject to annual revision.		Application Number	Not Yet Assigned
		Filing Date	January 24, 2001
		First Named Inventor	Meir Rosenberg
		Examiner Name	Not Yet Assigned
		Group Art Unit	N/A
		Attorney Docket No.	022719-0025
<input type="checkbox"/> Application claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT		(\$) 834.00	

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input checked="" type="checkbox"/> Checks <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES	
<input type="checkbox"/> Deposit Account Deposit Account Number: 141449 Deposit Account Name: Nutter McClennen & Fish LLP		The Commissioner is hereby authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	
FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity	Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)
101	740	201	370
Utility filing fee		740.00	
106	330	206	165
Design filing fee			
107	510	207	255
Plant filing fee			
108	740	208	370
Reissue filing fee			
114	160	214	80
Provisional filing fee			
SUBTOTAL (1)		(\$) 740.00	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Total Claims: 23 -20** = 3 x 18.00 = 54.0 Independent Claims: 2 -3** = x = 0.0 Multiple Dependent: x =		Extra Claims Fee from below Fee Paid 3 18.00 54.0 0 0.0 0 0.0	
Large Entity	Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)
103	18	203	9
Claims in excess of 20			
102	84	202	42
Independent claims in excess of 3			
104	280	204	140
Multiple dependent claim, if not paid			
109	84	209	42
** Reissue independent claims over original patent			
110	18	210	9
** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2)		(\$) 54.00	
**or number previously paid, if greater; For Reissues, see above			
		Other fee (specify) _____ *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 40.00	

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Tram Anh T. Nguyen	Registration No. (Attorney/Agent)	47,257
Signature	<i>Tram Anh T. Nguyen</i>	Telephone	(617) 439-2734
		Date	1/24/2002

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